

APPLICATION FOR PAYMENT OF UNIFORM PARENTAGE ACT - RESPONDENT  
ATTORNEY FEES

[Please print or type information]

PAYEE: \_\_\_\_\_ Vendor No. \_\_\_\_\_

Last Name, First Name, Middle Initial (separate by commas)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ TAX ID NO. \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

JUDICIAL DISTRICT NUMBER: \_\_\_\_\_ COUNTY: \_\_\_\_\_

☐ INDIGENCY ORDER ATTACHED

☐ COURT APPOINTMENT ATTACHED

TO: \_\_\_\_\_

District Court Judge

I respectfully submit application for payment of Respondent's Attorney fees pursuant to the Uniform Parentage Act, NMSA 40-11A-641(A). I understand that this application will not be processed for payment if it has not been received by the district court within 30 days of **completion** the blood test or the expert testimony and that payment is contingent upon the availability of funds.

Type of Hearing (check one)	Date of Hearing	Fee (Hours expended X \$30.00)	Maximum Fee (not to exceed)
<input type="checkbox"/> Adjudication of Paternity			\$600.00
<input type="checkbox"/> Denial of genetic testing			\$90.00
<input type="checkbox"/> Other (please describe and attach court order; hourly rate may not exceed \$30.00 per hour)			\$300.00

AMOUNT REQUESTED [\$\_\_\_\_\_]

GROSS RECEIPTS TAX [\$\_\_\_\_\_]

TOTAL AMOUNT DUE [\$\_\_\_\_\_]

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Attorney Signature

Date:

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District Court Judge

Date:

*Revised 03/13*